

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 1585411 07-7-06

## CLAIMS

	AS FILED		AFTER		AFTER	
	1 <sup>st</sup> AMENDMENT	2 <sup>nd</sup> AMENDMENT	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12	2					
13	1					
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50						
TOTAL IND.						
TOTAL DEP.	19					
TOTAL CLAIMS	21					

	AS FILED		AFTER		AFTER	
	1 <sup>st</sup> AMENDMENT	2 <sup>nd</sup> AMENDMENT	IND.	DEP.	IND.	DEP.
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